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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations			
suriect: Chall	lenge North An	nerica, UC		
	lenge North An	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
elease return all correspon	ndence concerning this matter	to the following:		
	Bill Christy	Name of Person		
	Challenge No	orth America; LL		
	1 daytong B	xoulevard		3 5 7
		7000CS		= . :
	Daytona Bear	Ch, FL 32114 City/State and Zip Code		
	Tessical a	10 mg = 110 cm = C o 50		2
	E-mail address: (to be used for future annual report not	ilication)	· · · · · ·
For further information co	oncerning this matter, please ca	all:	r., cc	
Jessica Hou	Ser	Address Ch, FL 32114 Chy/State and Zip Code 1950 - USA - Com to be used for future annual report not all: at (908) 279 - 3 Area Code Daytin	3442.	
Name of	(Person	Area Code Daytin	ie Telephone Number	_
Enclosed is a check for th	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of ! Certified Copy (additional copy i	Status & y
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sc Division of Co		
P.O. Box 632	7	The Centre of	Fallahassee	
Tallahassee, I	:1, 32314	2415 N. Monro	be Street, Suite 810 –	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Challenge North America, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000065097	were filed on 03/02/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
CLASH USA, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<i>i</i> , s
		21
		<u> </u>
		1
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
		7.
		€ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
Negared Street Hangs	Enter Florida street addres	s
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other than	the date of filing:	(option	al)
ceffective date is listed, the date	must be specific and cannot be prior to date of is block does not meet the applicable sta	of filling or more than 90 days after fi	ling.) Pursuant to 605.020
	ne Department of State's records.	turns, times requirements, times e	inte viti not be fisted t
cord specifies a delayed effo s filed.	ective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
s med.			
June ed	2021		
7	197		
	Signature of a member or authorized re-		

Filing Fee: \$25.00